

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

☒ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Department

DATE: **10/5/04**
Return by: **10/22/04**

CATERER: **X**

NON-CATERER:

APPLICANT: **WOODY'S PUB& GRILL DBA O'FOURTEEN, INC.**

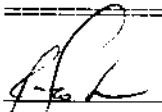
APPLICANT'S ADDRESS: **101 N 14TH ST., SUITE 6**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: **OCTOBER 30, 2004**

TIME(S) OF EVENT : **8AM TO 1AM**

DETAILS ON ATTACHED APPLICATION.

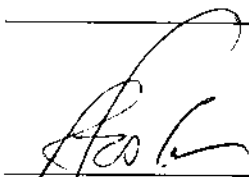
RECOMMENDATION OF APPROVAL OR DENIAL

 **843** APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

 **843**
Signature

10-6-04
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: NOT REQUIRED.

(SDLRPT.JER)

APPLICATION FOR SPECIAL DESIGNATED LICENSE
LICENSEE

NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046
Lincoln NE 68509-5046

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- ☐ All Applications must be received in the Commission Office 10 working days (excluding weekend) the event
- ☐ Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission
- ☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day (no fees if caterer)
- ☐ **APPROVAL FROM CITY, VILLAGE OR COUNTY CLERK** must be included with this application
- ☐ A Signed Statement from Local Police Chief or County Sheriff

1. Type of Beverage(s) to be served or consumed: ☒ Beer ☒ Wine ☒ Distilled Spirits

2. License number and class 21K 45655 ☐ Retailer ☒ Caterer
(i.e. I/K-12345)

3. **Name and Address** of Applicant (as listed on liquor license) (City, County, Zip Code)

WILLIAM S. GILBERT "GILBERT'S" LLC
101 10th ST SUITE C
LINCOLN NE 68502

4. **Address or location** of premises to be covered by license, (street, city, county, zip code)

The Warehouse House

1700 S 16th ST.
LINCOLN, NE 68502-1600

5. Address of where alcohol is to be stored if other than at location listed in question #4 above

6. Name, address, phone number/cell phone number of owner or lessee of premises for which the license is requested

515-111-1111

7. **DATE(S) OF EVENT** (If Sunday, attach Sunday sales ordinance) no more then six (6) consecutive days per application

SEP 20/04 SATURDAY

a) If alternate date is requested please list below: (must be approved at local level prior to event)

ALTERNATE DATE:

b) If alternate location is requested please list below: (must be approved at local level prior to event)

ALTERNATE LOCATION:

8. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 6:00 PM TO: 3:00 AM

9. Describe type of activity to be carried on during the time period for which the license is requested

Private event for the wedding reception

10. Provide an estimated number of attendees at this event 100. If the number of attendees is over 150 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

11. **Attach** a signed statement from your local police chief or county sheriff, whichever is applicable, that local law enforcement has been informed in advance of this event, and if they are aware of any reason the event should not occur

FILED
CITY CLERKS OFFICE
2004 SEP 23 PM 12:10
CITY OF LINCOLN
NEBRASKA

12. Description of the premises: ☐ Inside Building ☒ Outdoor Area

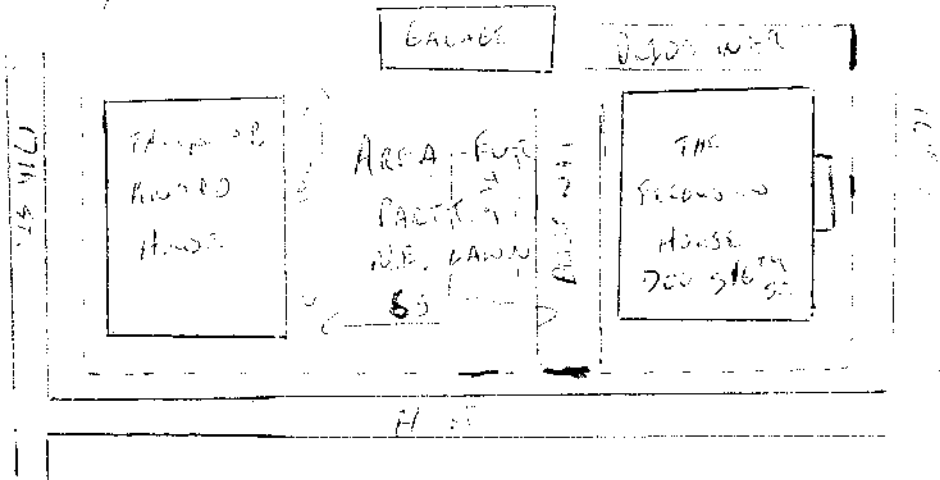
Dimensions of area to be covered by license: 100 ft x 85 ft. Please draw in the space provided below, the area where liquors will be sold and consumed. LENGTH WIDTH (In feet)

If outdoor area, how will premises be separated from areas open to the general public?

☒ Fence, type of fence 5 ft. metal / concrete fence

☒ Tent

☐ Other (if other, please explain)



13. Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

14. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children? ☐ YES ☒ NO

15. Is the premises to be covered by the license within 300 feet of any university or college campus? ☐ YES ☒ NO

16. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.
from distributors

Check here if for consumption only ☐ (no purchases or sales, i.e. byo)

17. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

18. Are there separate toilets for both men and women? ☒ YES ☐ NO

19. Other information or requests for exemptions, must be requested and approved prior to event:

20. Will there be any games of chance operating during the event? ☐ YES ☒ NO If so, describe activity

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

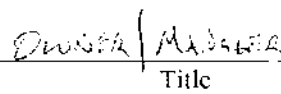
21. Name and telephone number/cell phone number of immediate supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

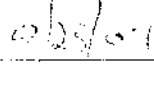
sign
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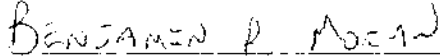
Authorized Representative/Applicant



Title

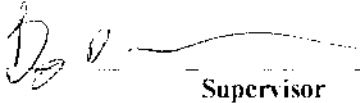


Date

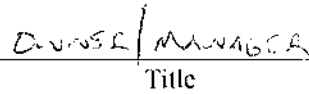


Print Name

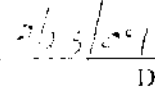
sign
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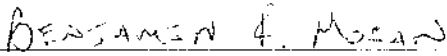
Supervisor



Title



Date



Print Name

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: PARTY GIVEN BY FRIENDS OF THE ALASKA LEADERS TRUST

Applicant and Sponsoring Organization or Person (if applicable): _____

Date of Event: Oct/30/14 Time of Event: 9am

Has the applicant applied for and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 100 Number of persons under 21 expected: None
Is the event open to the public? ☐ Yes ☒ No

How will you ensure that minors will not be served or consume beverages containing alcohol:
WE WILL CHECK IDs AND WE WILL HAVE SECURITY TO MONITOR
AND ENFORCE THEM

Will food be served? ☐ Yes ☒ No If yes, please list food to be served: _____

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-alcoholic beverages to be served: SODA, JUICE, WATER

Please identify the beverages containing alcohol that will be served: ☒ Wine ☒ Beer
☒ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? BAR TENDER

Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: _____

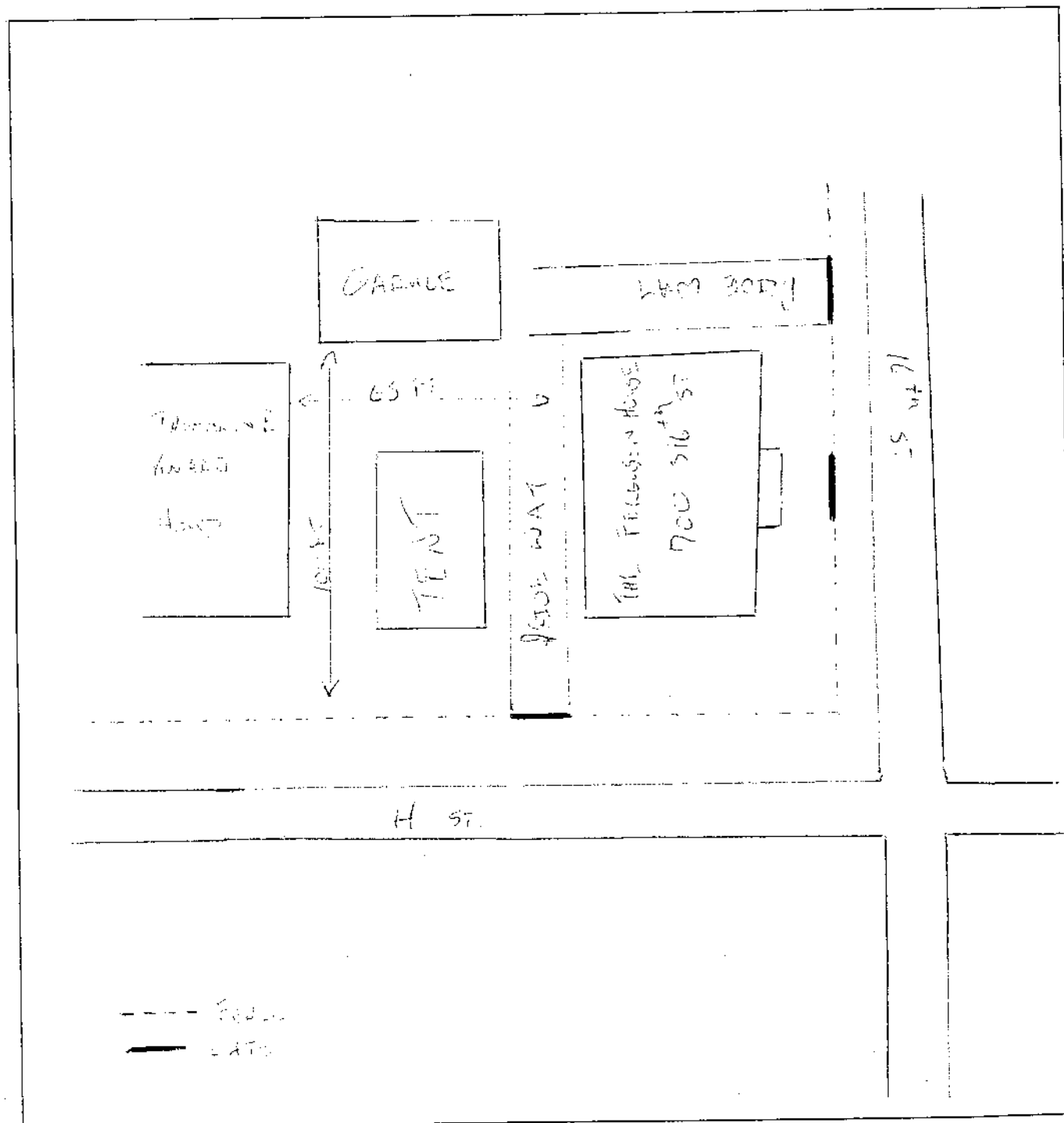
PLEASE USE REVERSE TO PROVIDE A DRAWING

[Signature]
Applicant's Signature

10/30/14
Date

Please provide a drawing showing the following:

1. Number of Exits & Size.
2. Size & location of tent(s) 30 x 45 ft
3. Size of area being used (50 x 100 ft)
4. Location of cooking equipment (if used)
5. Location of tables & chairs



USE THE ABOVE BOX FOR YOUR DRAWING